



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

17 3622 \$
Complete if Known

Application Number	09/520,798
Filing Date	March 8, 2000
First Named Inventor	Richard ROTHKOPF
Examiner Name	James W. Myhre
Group Art Unit	3622
Attorney Docket Number	2470-104
Total Number of Pages in This Submission 15	Confirmation Number 2139

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Joseph A. Hynds, Reg. No. 34,627				
SIGNATURE		DATE	9/22/05	DEPOSIT ACCOUNT USER ID	02-2135

FEE TRANSMITTAL for FY 2005 (Small Entity)		Complete if Known	
		Application Number	09/520,798
		Filing Date	March 8, 2000
		First Named Inventor	Richard ROTHKOPF
		Examiner Name	James W. Myhre
		Group Art Unit	3622
<input checked="" type="checkbox"/> Applicant claims small entity status	Attorney Docket Number	2470-104	
Total Amount of Payment	(\$) 510.00	Confirmation Number	2139

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. ☐ Payment by check enclosed

FEE CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	150	Utility Filing Fee	[]
	395	filed before Dec. 8, 2004	[]
1111	250	Utility Search Fee	[]
1311	100	Utility Examination Fee	[]
1002	100	Design Filing Fee	[]
	175	filed before Dec. 8, 2004	[]
1112	50	Design Search Fee	[]
1312	65	Design Examination Fee	[]
1003	100	Plant Filing Fee	[]
	275	filed before Dec. 8, 2004	[]
1113	150	Plant Search Fee	[]
1313	80	Plant Examination Fee	[]
1004	150	Reissue Filing Fee	[]
	395	filed before Dec. 8, 2004	[]
1114	250	Reissue Search Filing Fee	[]
1314	300	Reissue Examination Fee	[]
1005	100	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims	[] - 20* = [] x	\$25 = []	[]
Independent Claims	[] - 3* = [] x	100 = []	[]
Multiple Dependent Claims	+	180 = []	[]

*or number previously paid, if greater

SUBTOTAL \$

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = [] /50 = []** x \$125 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$

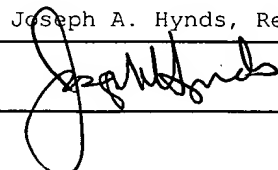
FEE CALCULATION (continued)

4. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
1051	65	Surcharge - late filing fee or oath	[]
1052	50	Surcharge - late provisional filing fee or cover sheet	[]
1053	130	Non-English specification	[]
1812	2,520	For filing a request for reexamination	[]
1804	920	Requesting publication of SIR prior to Examiner action	[]
1805	1,840	Requesting publication of SIR after Examiner action (reduced by basic filing fee paid)	[]
1251	60	Extension for reply within first month	[]
1252	225	Extension for reply within second month	[]
1253	510	Extension for reply within third month	[510]
1254	795	Extension for reply within fourth month	[]
1255	1,080	Extension for reply within fifth month	[]
1401	250	Notice of Appeal	[]
1402	250	Filing a brief in support of an appeal	[]
1403	500	Request for Oral Hearing	[]
1451	1,510	Petition to institute a public use proceeding	[]
1452	250	Petition to revive -unavoidable	[]
1453	750	Petition to revive - unintentional	[]
1807	50	Processing fee under 37 CFR 1.17(q)	[]
1806	180	Submission of Information Disclosure Statement	[]
1809	395	Filing a submission after final rejection (37 CFR 1.129(a))	[]
1810	395	For each additional invention to be examined (37 CFR 1.129(b))	[]
1801	395	Request for Continued Examination (RCE)	[]
1802	900	Request for expedited examination of a design application	[]
1504	300	Publication fee for early, voluntary, or normal publication	[]
1505	300	Publication fee for republication	[]
1455	200	Filing application for patent term adjustment	[]
1456	400	Request for reinstatement of term reduced	[]
1814	65	Statutory Disclaimer	[]
Other fee (specify)			[]

SUBTOTAL \$ 510.00

09/26/2005 HALI11 00000030 022135 09520798
 01 FC:2253 510.00 DA

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Joseph A. Hynds, Reg. No. 34,627		
SIGNATURE		DATE	9/22/05
		DEPOSIT ACCOUNT USER ID	02-2135